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CLAIMS ONLY

SERIAL NO.	FILING DATE
09922705	08-07-01
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	2					
TOTAL DEP.	24					
TOTAL CLAIMS	26					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

GARY M. OOSTA

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	X						51					
2		X					52					
3	X						53					
4	X						54					
5	X						55					
6	X						56					
7	X						57					
8	X						58					
9	X						59					
10	X						60					
11	X						61					
12	X						62					
13	X						63					
14		X					64					
15		X					65					
16		X					66					
17		X					67					
18		X					68					
19		X					69					
20		X					70					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	22						Total Depend					
Total Claims	24						Total Claims					

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